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Name: Commissioner of Patents
Art Unit: 2834
Examiner: Iraj A. Mohandesi
Phone: 571-272-2028
From: Rose A. Hickman
Reg No. 54,167
Re: Application No. 10/019,148
Filed December 21, 2001
Entitled ELECTRO-MECHANICAL DEVICE
File: 45914/DBP/M521

I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO
THE UNITED STATES PATENT AND TRADEMARK OFFICE ON December 15, 2004.


Elizabeth Jue

*Correspondence: Resubmission of documents filed on 5/13/02;
Postcard; Amendment Transmittal; Supplemental Preliminary
Amendment; Compare Copy; Substitute Specification; Request for
Drawing Correction with 2 Sheets of Drawings.

For Office Services Use Only
Return Fax to Rose Hickman

Christie, Parker & Hale, LLP
350 West Colorado Boulevard
Post Office Box 7068
Pasadena, CA 91109-7068
626-795-9900
Fax: 626-577-8800

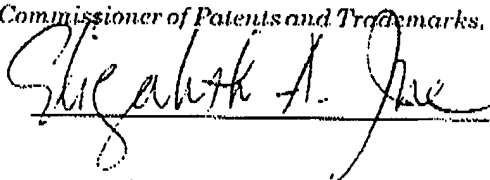
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PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner of Patents and Trademarks, Washington, D.C. 20231 on May 13, 2002.



Applicant : Herbert Becker et al.
Application No. : 10/019,148
Filed : December 21, 2001
Title : ELECTRO-MECHANICAL DRIVE DEVICE
Grp./Div. : Not Known
Examiner : Not Known
Docket No. : 45914/DBP/M521

Assistant Commissioner for Patents
Washington, D.C. 20231

Post Office Box 7068
Pasadena, CA 91109-7068
May 13, 2002

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	20	* 20		x \$9.00	x \$18.00	
Independent Claims	3	** 3		x \$42.00	x \$84.00	
Multiple Dependent Claims ***				\$140.00	\$280.00	
TOTAL FILING FEE						\$0
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 1, 16 and 20						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

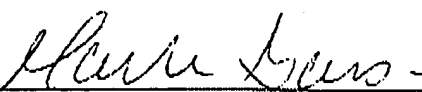
- ☐ Attached is our check for \$ to pay the fees calculated above.
☐ A Petition for Extension of Time and the required fee are enclosed.
☒ Other enclosures: Return Postcard; Request for Drawing Correction; 2 sheets of drawings; Compare Copy; Substitute Specification

**Amendment Transmittal Letter
Application No. 10/019,148**

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
Mark Garscia
Reg. No. 31,953
626/795-9900

MEG/eaj
EAI PAS429617.1-5/13/02 9:10 AM